



COEUR D' ALENE TRIBE
Employment Application for
Tribal School all positions

First consideration for employment is given to those of Native American heritage; all others are given consideration in accordance with the Equal Employment Opportunity Act.

(Please type or print clearly)

Position Applying for: _____

NAME: _____ Date: _____

Last

First

MI

Current Mailing Address: _____

City

State

Zip

Telephone: () _____ - _____ Social Security # _____ - _____ - _____

Enrolled Tribal member (check box) Yes ☐ No ☐ Tribe: _____

Spouse/child of enrolled Tribal member Yes ☐ No ☐ Tribe: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes ☐ No ☐ (If you are hired by the Tribe, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.)

Are you currently employed? Yes ☐ No ☐

May we contact your present and past employer(s)? Yes ☐ No ☐

Date available for work: _____

Are you able to travel if a job requires it? Yes ☐ No ☐

Answer this question only after reviewing a Job Description for the position you are applying for: *Do you have a physical or medical condition which would limit your capacity for the job?* Yes ☐ No ☐

If YES, what can be done to accommodate your limitation? _____

Have you been convicted of a felony? Yes ☐ No ☐

(Conviction will not necessarily disqualify an applicant from employment).

If yes, please explain:

Have you been convicted of a crime involving the abuse or neglect of a child or a vulnerable adult (“vulnerable adult” means adults of any age who lack the functional, mental, or physical ability to care for themselves)? Yes ☐ No ☐

If yes, please explain:

Education

Type of School (High School, College, Business, Trade or Other Type)	Location	Dates Attended	Courses Taken Or Major/Minor	Diploma/Degree Received (Date)

Prioritize the grade level / subject areas in which you prefer to teach; “1” being your first choice:

() Kindergarten () 1st () 2nd () 3rd () 4th () 5th () 6th
() 7th () 8th () Reading () Music () ESL / Bilingual () Art
() Physical Education () Native American Culture

Special Education Experience: () Pre-K () K – 6 () 7 – 8 () 9 – 12

() Developmentally Handicapped () Orthopedically Impaired () Mentally Disabled
() Visually Impaired () Hearing Impaired

Nonprofessional Licenses or Certificates, including a valid Driver's License (List below)

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

Professional Licenses or Certificates Please attach a copy with your application.**

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

****Applicants applying for positions that require a Professional license must have a current Idaho license.**

Have you ever had a certificate revoked or suspended, or have you ever surrendered a certificate in any state? Yes ☐ No ☐

If yes, please explain:

Has any state licensing authority taken any other adverse action against your certificate?

Yes ☐ No ☐

If yes, please explain:

During the last 5 years, have you ever been dismissed or discharged, or have you resigned in order to avoid disciplinary action by any employer? Yes ☐ No ☐

If yes, provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

Prior Work History – List your employment, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks, and for periods of unemployment, list dates and “unemployed” or “attending school” etc.

Dates (mm/yyyy)		Name & Address of Present/Last Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
	Present					
Phone:						

Current/Last Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Dates (mm/yyyy)		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						

Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Dates (mm/yyyy)		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						

Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Attach a sheet if you have additional relevant work experience.

Describe any specialized training and or apprenticeship skills that would pertain to the position for which you are applying:

Describe any job-related training received in the United States Military or other.

Employment references: (not including any immediate family member)

1)	_____	_____
	First & Last name	Telephone number
2)	_____	_____
	First & Last name	Telephone number
3)	_____	_____
	First & Last name	Telephone number

Personal References - They should be good friends, peers, etc., and who have known you for at least the last 5 years.

1)	_____	_____
	First & Last name	Telephone number
2)	_____	_____
	First & Last name	Telephone number
3)	_____	_____
	First & Last name	Telephone number

Residential History: List where you have lived, for the past 5 years, with the most current first.

	Dates (mm/yyyy)	Street Address	City, State, Zip Code	County
	From	To		
1)		Present		
2)				
3)				
4)				
5)				

Authorization and General Release

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge, and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that my employment may be conditioned on a background and/or fingerprint check. I authorize, in connection with this application, all corporations, credit agencies, educational institutions, law enforcement agencies, and military services to release information they may have about me to the Coeur d'Alene Tribe and release them from any liability or responsibility from doing so. Further, if necessary, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

I authorize any duly authorized representative of the Coeur d'Alene Tribe to obtain any information relating to my employment activities from my former employer(s). This information may include, but is not limited to, my achievement, performance, attendance, personal history, or disciplinary information. I authorize my former employer(s) to release such information upon request of the duly authorized representative of the Coeur d'Alene Tribe regardless of any agreement I may have had with my former employer(s) to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

In consideration of my employment, I agree to conform to the Tribe's Policies and Procedures, and I agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at either my or the Tribe's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Tribe.

If I am offered employment I agree to submit to a medical examination (if required by the job), fingerprinting (if required by the job), and mandatory drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Tribe and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Tribe the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will be that I abide by the Tribe's Drug and Alcohol Policy.

Applicant Signature

Date

Applicant Screening Questionnaire
Indian Children Protection Requirements

Name: _____
(print)

Job Title: _____ Job Number: _____

Notification Requirements

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child?

- ☐ Yes If “yes,” provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.
- ☐ No

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207), requires a criminal history records check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been arrested, found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?

- ☐ Yes If “yes,” provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.
- ☐ No

I certify that my response to the above questions is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand it's my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date

COEUR D'ALENE TRIBAL SCHOOL

Declaration of No Child Abuse/Neglect or Violent Felony

For use by Childcare positions to comply with Public Law 101-647 and 25 CFR Part 63, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d).

Name of Employee/Volunteer: _____

Federal policies specify that Head Start agencies require all prospective and current employees and volunteers to sign a declaration for employment which list indicates that the individual has not had the following:

- **Pending and prior criminal arrests and charges related to child sexual abuse and their disposition.**
- **Convictions related to other forms of child abuse and/or neglect.**
- **All convictions of violent felonies.**

This declaration may exclude:

- **Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employees 18th birthday, which was finally adjudicated in a juvenile court or under your offender law.**
- **Any conviction for which the record has been expunged under Federal or State law.**
- **Any conviction set aside under the Federal Youth Corrections Act or similar State authority.**

Note: Individuals that declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the line in the appropriate category below:

I **have not been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature: _____ Date: _____

I **have been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature: _____ Date: _____

INTEROFFICE MEMORANDUM

TO: PROSPECTIVE EMPLOYEE
FROM: HUMAN RESOURCES
SUBJECT: DRUG TESTING

CC: PERSONNEL FILE

Per the Coeur d'Alene Tribe Drug and Alcohol Free Workplace Policy, adopted by Council on November 21, 2000 (effective February 21, 2001; Resolution 38 (2001)):

Drug and Alcohol Testing Procedures

A. Pre-Employment Testing

"All new employees are required to sign a medical release that allows for future drug and/or alcohol testing information to be released to the Tribe in case of on-the-job accidents or other similar circumstances."

1. The Tribe has a policy against drug and alcohol abuse and reserves the right to screen its employees and applicants for employment as an enforcement measure in providing a safe, healthy, and productive working environment.
2. By my signature below, I am freely and voluntarily agreeing and consenting to submit a personal specimen of urine and/or blood for chemical analysis and testing to determine or rule out the presence of illegal, abused, or prohibited drugs/alcohol or substances in my body fluids.
3. I hereby authorize the Tribe's duly appointed collection facility and testing laboratory and their personnel to obtain, process and test the specimen and to release and discuss results of the analysis and test to the Human Resources Director for employment purposes (pre-employment, for-cause testing, random testing, on-the-job accident testing, etc.). Said information will be handled as confidentially as is reasonably possible, shared only on a "need to know" basis.
4. I understand a documented chain of custody exists to ensure the identity and integrity of my specimen throughout the collection and testing process.
5. As an applicant, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test this will constitute voluntary withdrawal of my application for employment and no further consideration shall be given. As an employee, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this will constitute a violation of Tribal policy and I will be subject to disciplinary action up to and including termination of employment.
6. In consideration of my personal desire for a safe work environment, I hereby voluntarily give my consent for the Tribe to conduct periodic inspections of Tribal property and premises for illicit drugs, drug paraphernalia and/or open alcohol containers. Inspections will be conducted only when the Administrative Director or Human Resources Director of the Coeur d'Alene Tribe has information which would cause a reasonable person to believe that illicit drugs, drug paraphernalia and/or open alcohol containers are on the premises.

Signature

Date

COEUR D' ALENE TRIBE

Background checks

1. Have you had your background check processed through the Idaho Department of Health and Welfare?
Yes ☐ No ☐ If yes, month and year processed: _____

2. Have you had your background check processed through the FBI database?
Yes ☐ No ☐ If yes, what year: _____

3. Have you had your background check processed within the past 6 months for the Idaho Department of Education?
Yes ☐ No ☐ If yes, month and year: _____

Coeur d'Alene Tribe's Vision, Mission, and Core Values (Five Pillars)

Vision: All people on the Coeur d'Alene Indian Reservation shall have a chance to pursue their hopes and dreams as members, guardians and stewards in a culturally rooted, vibrant, safe, healthy and sustainable community.

Mission: The Coeur d'Alene Tribe shall exercise its inherent sovereignty, responsibility and self-governance practices by means of innovation and economic and environmental leadership, so that people, lands, and resources across the Reservation and Tribal aboriginal lands shall thrive and prosper.

Core Values (Five Pillars): From a cultural perspective, it is essential for those employed by the Tribe to be aware of, understand, and uphold the beliefs and vision of the Coeur d'Alene Tribal Community. Since time immemorial, the Coeur d'Alene Tribe has been guided by its core values, articulated today in the Tribe's Five Pillars:

t'u'lschint (Membership): Capable, decent, moral, 'a good person', a good citizen in your family, tribal, local and world community. A responsible, accountable and informed citizen in all spheres of relationship. t'u'lschint can be translated as, 'capable, decent, moral, a good person.'

Snmiypnqwiln (Scholarship): Life-long, holistic learning with ideas rooted in tribal values, self-determination, self-government and sovereignty that produces deep knowledge to understand the world and meaningful application within the community.

'ats' qhnt' wesh (Stewardship): To care for all things with integrity, responsibility, accountability and social awareness in all spheres of life, human, animals, natural resources, and the cosmos, looking at each other from the heart.

hngwa' yqn; hnshat' qn (Guardianship): To protect our tribal ways of knowing and being through the protection, care and responsibility for our people, natural resources, culture, history, traditions, language and spirituality.

chsnpa'silgwesn (Spirituality): Faith from which the Creator reveals the connection between all life. It unites the space between the past, present, and future through the peoples, environment, and land; and is rooted within the ceremonies from which the Tribe celebrates those connections.

Sign below stating you have read the above vision, mission, and five pillars.

Applicant Signature

Date